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Bib Data Sheet

CONFIRMATION NO. 7676

|                             |  |              |                        |                                     |
|-----------------------------|--|--------------|------------------------|-------------------------------------|
| SERIAL NUMBER<br>10/055,389 | FILING OR 371(c)<br>DATE<br>01/23/2002<br>RULE | CLASS<br>382 | GROUP ART UNIT<br>2624 | ATTORNEY<br>DOCKET NO.<br>FR 010003 |
|-----------------------------|--|--------------|------------------------|-------------------------------------|

**APPLICANTS**

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**\*\* CONTINUING DATA** \*\*\*\*\* *Ans***\*\* FOREIGN APPLICATIONS** \*\*\*\*\* *Ans*

FRANCE 0100883 01/23/2001

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 02/15/2002

|                                 |  |                            |                        |                    |                         |
|---------------------------------|--|----------------------------|------------------------|--------------------|-------------------------|
| Foreign Priority claimed        | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no  | STATE OR COUNTRY<br>FRANCE | SHEETS<br>DRAWING<br>4 | TOTAL CLAIMS<br>15 | INDEPENDENT CLAIMS<br>3 |
| 35 USC 119 (a-d) conditions met | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                            |                        |                    |                         |

**ADDRESS**

38107

**TITLE**

Following the deformation of a structure per unit length defined on an image of a sequence of images of an organ which is deformable over time

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|----------------------------|--|
| FILING FEE RECEIVED<br>870 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following:<br><br><input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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